## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1-15**, **2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

P.6/9

Application for Federal Assistance SF-424	Version 02
* 1 Type of Submission.  Prespptication  ✓ New  ✓ Application  Changed/Corrected Application  [ j Revision	* If Revision, select appropriate letter(s)*  * Other (Specify)
* 3 Date Received:  4. Applicant Iduntifier: [Completed by Grants you upon submission.	FOEWED
5a Foderal Entity Identifier	*5b. Federal Award Identifies:  JUL 2 2007  JUL 2 2007  STATE CLEARING HOUSE
State Use Only:	TATE CLEARING HOUSE
8 Date Received by State: 7. State Application	on Identifier:
8. APPLICANT INFORMATION:	
a Legal Name: Long Boach Police Department	
* b. Employer/Texpeyer Identification Number (ÉIN/TIN)* 950000733	* c. Organizational DUNS:
d, Address:	
Street1: 400 West Broadway Street2 City: Long Beach County State Province. Country: Lip / Postal Code. 90802 e. Organizational Unit:	CA: California  USA UNITEO STATES
Department Name.	Division Name:
Long Beach Police Department	
1. Name and contact information of person to be confacted on	
Profix "First Nai Middle Name: * Last Name: Carter Sullix.	me.   Breil
Title: Grants Coordinator	4 10144 - 10144 10144 10144
Organizational Affiliation:	· · · · · · · · · · · · · · · · · · ·
* Telephone Number: 562.570.7778	Fax Number:
* Fmail: brearle@longbeach.gov	

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C. City or Township Government	
Type of Applicant 2 Select Applicant Type	
Type of Applicant 3: Select Applicant Type:	**
* Other (specify):	:
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710 :	
CEDA Title	
Public Safety Partnership and Community Policing Grants	
. At the same of t	
* 12. Funding Opportunity Number:	
COPS-CPD-2007-07	
* Title.	
Violent Crime and Cangs	
13. Competition Identification Number:	
Title.	
	;
14. Areas Affected by Project (Cities, Countles, States, etc.):	
	<u></u>
15. Descriptive Title of Applicant's Project:	
Target Cang Task Force 07	
	<u> </u>
Attach supporting documents as specified in agency instructions.	
Add Attachments Detec Attachmonts View Attachments	

P.8/9

Application for Federal Assistar	nce SF-424		Version 02
16. Congressional Districts Of:			-
* a. Applicant CA-037	<u> </u>	* b. Program/Project	ÖA-037 :
Altach an additional list of Program/Projec	t Congressional Districts if needed		
CPDvcg07_congitistPro  doc	Delete Att	uchment View Attachment	
17. Proposed Project:			
* 8. Stert Date: 10/01/2007		• b. End Date:  0	03/31/2009
18. Estimated Funding (\$):		,	
* a. Federal	490,911 25		
*b Applicant	0.00		
fic. State	0.00:		
*d Local			
* a Other	0.00		
* (. Program Income	0.00		
• g TOTAL	499.911.25		
b Program is subject to E.O. 12372 but	72.		
* 20. Is the Applicant Delinquont On Ar		ide explanation.)	
21. "By signing this application, I certify herein are true, complete and accurate comply with any resulting terms if I acmay subject me to criminal, civil, or ad-	to the bost of my knowledge. I copt an award. I am aware that i	also provide the required assura any false, fictitious, or fraudulen	ances"* and agree to
✓ ** I AGREE			
** The list of certifications and assurances specific instructions.	, or an internet site where you mву	obtain this list, is contained in the a	announcement or agency
Authorized Representative:			
Prefix:	* First Name: Anti		
Middle Name.   W.	<u></u>		
Last Name. Datts	***************************************		
Suffix:			
* Tilla Chief of Police			
* Telephono Number   562 570 7301	11 14961 (1796)	Fax Number. 562.570.7114	
' Émail: ¡anthony_batta@longboach gov			
* Signature of Authorized Representative.	Completed by Crants gov upon submissi		y Grants.guv upon submission.

* 1. Type of Submission*  Preapplication  Application  Changed/Corrected Application  * 2. Type of Application.  Other (Specify)  Changed/Corrected Application  Revision  * 3. Date Received  Completed by Grants you upon submission.  See Fodoral Entity Identifier.  * 5b. Federal Award Identifier  * JUL - 2 2007
✓ Application   Continuation Other (Specify)  Changed/Corrected Application Revision
Changed/Corrected Application Revision
*3. Date Received 4. Applicant Identifier:  Completed by Grants griv upon submission.  5a. Fodoral Entity Identifier.  *5b. Federal Award Identifier.  *2007
Sa. Fodoral Entity Identifier. T5b. Federal Award Identifier a 2007
58. Fodoral Entity Identifier. 5b. Federal Award Identifier o 2007
1 111 - 2 2001
302
State Use Only:  STATE CLEARING HOUSE
6. Date Received by State 7. State Application Identifier.
8. APPLICANT INFORMATION:
* a. Legal Name: Long Beach Police Department
' b Employer/Taxpayer Identification Number (EIN/TIN) c. Organizational DUNS.
958000733 TU7871515
d. Address:
*Street1: 400 West Broadway
Street2
▼ City. Long Beach
County:
* State: CA California
Province
* Country: USA: UNITED STATES
Zip / Postal Code: 90802
e. Organizational Unit:
Dupartment Name: Division Name:
Long Beach Police Department
f. Name and contact information of person to be contacted on matters involving this application:
Prefix: First Name: Drett
Middle Name:
* Last Name Corter
Suffix.
Title Grants Coordinator
Organizational Affiliation:
* Totephone Number: 562.570.7778 Pax Number:
• Email   broade@longbeach.gov

To:919163233018

P.3/9

Application for Federal Assistance SF-424 Version 02	2
9. Type of Applicant 1: Select Applicant Type:	
C. City or Township Government	
Type of Applicant 2: Select Applicant Type	
:	
Type of Applicant 3 Sciool Applicant Type:	
n n n n n n n n n n n n n n n n n n n	
* Other (specify).	
	$\dashv$
* 10. Name of Fodoral Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
18.710	
CFDA Title	
Public Safety Partnership and Community Policing Grants	
. One can be seen a section of the s	
* 12. Funding Opportunity Number:	٦
CQPS-CPD-2007-01	
Institutionalizing Community Policing	
13. Compotition Identification Number:	
100 <b>0</b>	
Title.	۱
*	
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	1
O CO MANDERO O O MANDERO C	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
<u> </u>	4
15. Descriptive Title of Applicant's Project:	
COPS Target Locations 07	
:	
<u> </u>	
Altach supporting documents as specified in agoncy instructions.	
Addadiante Adachmania Wow Augusta and Augusta	

Application for Federal Assistance SF-424	Version 02
16. Congrossional Districts Of:	
* a. Applicant CA-037	b. Program/Prolect CA-037
Attach an additional list of Program/Project Congressional Districts if needed.	
CPDicp07_congDlstProj.doc (ii	ment View Attachmoni
17. Proposed Project:	
* & Stert Date:   10/01/2007	* b. End Dete: 03/31/2009
18. Estimated Funding (\$):	
a Federal 496,890.00	
· b. Applicant 0 00	
* c. State 0.00	
* d Local 0.00	
* e Other 0.00	
*I. Program Income 0.00	
• 9 TOTAL 496,890,00	
<ul> <li>a. This application was made available to the State under the Executive Orders.</li> <li>b. Program is subject to E.O. 12372 but has not been selected by the State for Program is not covered by E.O. 12372.</li> </ul>	
* 20. Is the Applicant Delinquent On Any Fodoral Dobt? (If "Yes", provide Yes VIND Fodoral Debt?	explanation.)
21. "By signing this application, I certify (1) to the statements contained in herein are true, complete and accurate to the best of my knowledge. I also comply with any resulting terms if I accept an award. I am aware that any may subject me to criminal, civil, or administrative penalties. (U.S. Code	so provide the required assurances** and agree to y false, fictitious, or fraudulent atatements or claims
,✓ **I AGREE	
** The list of certifications and assurances, or an internet site where you may obspecific instructions.	stain this list, is contained in the announcement or agency
Authorized Representative:	
Prefix • First Name: Anthor	ny
Middle Name. W	
*Last Name* : Batts	11 12 March 1900 March 1900 11 11 11 11 11
Suffix:	
* Title Chief of Police	
* Talephone Number: 562.570.7301	Fax Number 562 570 7114
*Email anthony_botts@longbeach.gov	
* Signature of Authorized Representative*   Gumpleted by Grants.gov upon submission.	* Date Signed. Completed by Grants,gov upon submission

9099499369

PAGE 05

Application for I	Federal Assis	tance SF-424								Version 02
" 1. Type of Submissi	lon;	* 2. Type of Appl	cation:	f Revision,	select appro	priate letter(s	i):			
Preapplication		<b>✓</b> New			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			
Application		Continuation	*1	" Other (Specify)						
Changed/Correcte	d Application	Revision	,~			, .n.				
* 3. Date Received:		4, Applicant Iden	ilfler:							
Completed by Granta.gov	upon submission.								4	
5a. Federal Entity Ide	ntifler:			* 5b. Fed	eral Award I	dentifier:		on the second the second to	=	
						n « ·	$\perp B$	EOF	1/10	and the same of th
State Use Only:		·					ļ <u>.</u>	H	VEU	
8. Date Received by	State:	7. State	Application I	dentifier:				2	2007	
8. APPLICANT INFO	RMATION:						STATE	CLEARIN	3 HOUSE	
* a. Legal Name: P.	E.A.C.E.							·····································		
* b. Employer/Taxpay	ver Identification N	umber (EIN/TIN):		" c. Orga	nizational D	UNS:				
412241499				8002631	75					
d. Address:										
* Street1:	94 E. 23rb Stree									
Street2:										
• City:	Upland		100		-					
County:										
* State:	- 4 1,487-9-				CA: Californi	а				
Province:				****						
" Country:			US	A: UNITE	D STATES					
* Zlp / Postal Code;	91784	-//. P.V. * * · · · · · · · · · · · · · · · · ·								
e. Organizational U	nlt:						_			
Department Name:				Division	Name;					
f. Name and contac	t information of	person to be conf	tacted on m	atters inv	alving this	application:	:			
Prefix: Mr.			* First Name	Wainw	right					
Middle Name: Sean							·			
* Last Name: Watk	ins									div = 49, d., b. 1, for justice
Suffix:						_				
Title: National Coord	dinator	**************************************								-
Organizational Affiliati	ion:									
P.E.A.C.E.						***				
Telephone Number:	6184343700	and the second s			Fax Numb	er:				
* Email: wainwatki	ns@peacemvp.ne						****	77 × 11/3 to		4.,1
							10 March			

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PAGE 06

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
X: Other (specify)	
Type of Applicant 2: Select Applicant Type:	
হা: Hispanic-serving Institution	
Type of Applicant 3: Select Applicant Type:	<del></del> '
	-7
* Other (specify):	<del></del> 1
Network of Musicians	
* 10. Name of Federal Agency:	
Community Orlented Policing Services	
11. Catalog of Foderal Domestic Assistance Number	
16.710	
CFDA Title:	
Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number:	
COPS-CPD-2007-04	
* Title:	
Technology	
rectinology	·
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
Nationwide	
15. Descriptive Title of Applicant's Project:	
Pro-Education Anti-Crime DVD/Duplicators	ł
	}
Attach supporting documents as specified in agency instructions.	
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OFFICE DEPOT

PAGE 07

Application	for Federal Ass	istance SF-424				<u></u>	Version 02
16, Congression	al Districts Of:						
" a. Applicant	CA-026			•	b. Program/Project	CA-026	
Attach an addition	nal list of Program/	Project Congressiona	Districts if nee	ded.			
		Add Amach	<b>Hent</b>	Attaclospeti	egya Admir Samour (	·	
17, Proposed P	roject:		•				
a. Start Date:	01/01/2008		•		* b. End Date;	12/31/2012	
18. Estimated F	unding (\$):					·····	
* a. Federal	j.,	500	,000.00	_		·	
* b. Applicant			0.00				
² c. State			0.00	•			
• d. Local			0.00				
⁻ e. Other			0.00				
* f. Program Ind	ome		0.00				
g. TOTAL		500	,000.00				
The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  1. This application was made available to the State under the Executive Order 12372 Process for review on							
Authorized Re				/·····			
Prefix:	Mr.		• First Name:	Walnwright			
Middle Name:	Sean						
* Last Name;	Watkins				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Suffix:							
* Title: Nation	al Coordinator						
* Telephone Nu	mber: 8184343700	<u> </u>		Fax	lumber:		
* Emall: walr	watkins@peacemvr	onet	Tida 1975. Notices				
* Signature of A	uthorized Represen	ative: Completed by ()	ranta.gov upon au	bmission. * D:	ate Signed: Complate	ad by Grants.gov upon aubmission.	

Ar plication fo	r Federal Assis	tance SF-424	Ar plication for Federal Assistance SF-424 Version 02					
* 1. Type of Submi	ssion:	* 2. Type of Application:	* If Revision, select appropriate letter(s):					
Preapplication	✓ New							
✓ Application		Continuation	* Other (Specify)					
Changed/Correc	cted Application	Revision						
* 3. Date Received:		4. Applicant Identifier:						
Completed by Grants.go	ov upon submission.		f and a second					
5a. Federal Entity	dentifier;	2010	*5b. Federal Award Identifie: RECEIVED					
State Use Only:			2 2007					
6. Date Received b	by State:	7. State Application	n Identifier: STATE CLEARING HOUSE					
8. APPLICANT INF	FORMATION:							
* a. Legal Name:	City of San Jose							
* b. Employer/Taxpa	ayer Identification Nu	ımber (EIN/TIN):	* c. Organizational DUNS:					
94-6000419			063541874					
d. Address:								
* Street1:	201 West Mission	Street						
Street2:								
* City:	San Jose							
County:								
* State:		CA: California						
Province:								
* Country:	USA: UNITED STATES							
* Zip / Postal Code:	* Zip / Postal Code: 95110							
e. Organizational	Unit:							
Department Name;			Division Name:					
San Jose Police De	partment							
f. Name and contac	ct information of p	erson to be contacted on m	natters involving this application:					
Prefix:		* First Nam	e: Christopher					
Middle Name:								
* Last Name: Moo	ore							
Suffix:								
Title: Police Capta	in							
Organizational Affilia	ition:							
* Telephone Number	: 408-277-5176		Fax Number:					
* Email: christoph	* Email: christopher.moore@sanjoseca.gov							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:  Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	-
CFDA Title:	
* 12. Funding Opportunity Number:	
COPS-OTHERTECH-2007-1	
* Title:	
COPS Law Enforcement Technology	
13. Competition Identification Number:	NA.
·	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Santa Clara County	
* 15. Descriptive Title of Applicant's Project:	
Silicon Valley Interoperable Communications Initiative	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	n for Federal Assistan	ce SF-424	_			Version 02
16. Congress	ional Districts Of:					
* a. Applicant	CA-013			* b. Program/Project	CA-011	
Attach an addi	tional list of Program/Project (	Congressional Districts	if needed.			
SJPD COPS20	007 - Congressional District	Add Attachment	Jelete Attach	ment View Attachment		
17. Proposed	Project:					
* a. Start Date	: 01/01/2008			* b. End Date:	01/01/2011	
18. Estimated	Funding (\$):					
* a. Federal		6,005,522.00			·	
* b. Applicant		2,001,840.00				
* c. State		0.00				
* d. Local		0.00				
* e. Other	·	0.00				
*f. Program In	come	0.00				
* g. TOTAL	,	8,007,362.00				
<ul> <li>☑ a. This application was made available to the State under the Executive Order 12372 Process for review on           □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.         □ c. Program is not covered by E.O. 12372.</li></ul>						
Prefix;		* First Nam	ne: Sharon			
Middle Name:						
* Last Name:	Barbaccia					
Suffix:						
* Title: Grants	s Manager					
* Telephone Nur	mber: 408-277-3037			Fax Number:		
* Email: shar	on.barbaccia@sanjoseca.gov					
* Signature of Au	uthorized Representative:	Completed by Grants.gov upon	n submission.	* Date Signed: Completed	by Grants.gov upon submission.	

CIME MULTINEL HUAU-DOUG Expiration Date: 01/31/2009

Application for	Federal Assi:	stance SF-424		Version 02
1. Type of Submiss	ion:	* 2. Type of Application:	If Revision, select appropriate letter(s);	
Preapplication		✓ New		
Application		Continuation	Other (Specify)	
Changed/Correcte	ed Application	Revision		
* 3, Date Received:		4. Applicant Identifier:		
Completed by Grants.gov	upon aubmission.			
5a. Federal Entity Ide	entifier:		5b. Federal Award Identifier:	
State Use Only:				
6. Date Received by	State:	7. State Application	on Identifier:	1.07
8. APPLICANT INFO	RMATION:			
a. Logal Name: Sa	an Diego State Ur	niversity Research Foundation	n	
b. Employer/Taxpay	er Identification i	Number (EIN/TIN):	c. Organizational DUNS:	
95-6042721			073371346	
d. Address;	<del></del>			
• Şireel1:	5250 Campanile	Drive		stra. "
Street2:				DECENTED
' City:	San Diego		F. 80.	RECEIVED
County:	San Diego			JUL - 2 2007
* State:			CA: Callfornia	
Province:		·		STATE CLEARING HOUSE
* Country:			USA: UNITED STATES	AND ADDRESS OF THE PARTY OF THE
Zip / Postal Code:	92182-1931			
e. Organizational U	Init:			
Department Name:			Division Name:	
f. Name and contac	t information of	person to be contacted or	matters involving this application:	
Prefix: Mr.		- First Na	me: Eugene	
Middle Name: L.				
Last Name: Stein	n			
Suffix:				
Title: Director				
Organizational Affiliat	ion:			
Sponsored Research	Development			
* Telephone Number:	619-594-5731		Fax Number: 619-582-9164	
' Email: awards@	foundation.sdsu.e	du		

Add Attachments Delete Attachments View Attachments

619-594-4950 T-774 P.003/005 F-604

CIVID MUNICION, SUSU-ULUS

	Expiration Date: 01/31/2009
Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	•
M: Nonprofit with 501 C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
■ 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Tille:	
Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number:	
COPS-CPD-2007-08	
- Title:	
School and Campus Salety	
13. Competition Identification Number:	
Title;	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
San Diego State University Campus, San Diego, San Diego County, California	
* 15. Descriptive Title of Applicant's Project:	
SDSU Public Safety Enhancement Program	
Attach supporting documents as specified in agency instructions.	

T-774 P.004/005 F-604

UMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for F	ederal Assistance SF-424 Ve	rsion 02			
16. Congressional Dis	stricts Of:				
a. Applicant CA-0	53 b. Program/Project CA-053				
Attach an additional lis	st of Program/Project Congressional Districts if needed.				
	Detate Attachment View Attachment				
17. Proposed Project	1:	<u> </u>			
* a. Start Date: 08/01	1/2007 b. End Date: 01/31/2009				
18. Estimated Fundin	ug (\$):				
a. Federal	500,000.00				
b. Applicant	0.00				
c. State	0.00				
• d. Local	0.00				
• e. Other	0.00				
* f. Program Income	0.00				
g. TOTAL	500,000.00				
✓ a. This application was made available to the State under the Executive Order 12372 Process for review on  □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.  □ c. Program is not covered by E.O. 12372.  *20. Is the Applicant Delinquent On Any Federal Debt7 (If "Yes", provide explanation.)  ☐ Yes					
Authorized Represer	ntative:				
Prefix:  Middle Name:  * Last Name: Nebel  Suffix:	First Name: Camille				
* Title: Director, Division of Research Affairs					
• Telephone Number:	* Telephone Number: 619-594-6622 Fax Number:				
* Email: awards@foundation.sdsu.edu					
* Signature of Authoriz	red Representative: Completed by Grants.gov upon submission. "Date Signed; Completed by Grants.gov upon submission.				

15102080511 T-263 P 02/05 Job-923
OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assis	stance SF-424			Version 02
1. Type of Submission: Preapplication Application Changed/Corrected Application	▼ 2. Type of Application:   ✓ Now  Continuation  Revision	* If Rovision, solect appropriate letter(s):  Other (Specify)		
* 3. Date Received:	4. Applicant Identifier:			
Sa. Federal Entity Identifier:		* 5b. Federal Award Identifier:		
State Use Only:				
6. Date Received by State:	7. State Application	on Identifier:		
8. AFFLICANT INFORMATION:				
* a. Legal Name: National Council on	Crime and Dalinquency			
<ul> <li>b. Employer/Taxpayer Identification N</li> <li>131624111</li> </ul>	lumber (EIN/TIN):	* c. Organizational DUNS:	:	
d, Address:				
- Street1: 1970 Broadway Street2: Suite 500  - City: Oakland County: Alameda  - State: Province: - Country: - Zip / Postal Code: 94612		CA: California USA: UNITED STATES	RECEIV  JUL - 2 2  STATE CLEARING	007
e. Organizational Unit:				
f. Name and contact information of	nerson to be contacted or	Division Name:		
Prefix: Middle Name: Last Name: Krisberg Suffix:	First Na			
Tille: President				
Organizational Affiliation:  Telephone Number: 5102080500 x3  Email: bkrisberg@aol.com	11	Fax Number: 5102080500		
• Email:   bkrisberg@aol.com				

15102080511

T-263 P.03/05 Job-923
OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	'
Type of Applicant 3: Select Applicant Type;	
Type of Applicant Types	$\neg$
TO has described.	
* Other (specify):	
	:
* 10. Namo of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Title:	
Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number:	
COPS-CPD-2007-07	,
* Title:	
Violent Crime and Gangs	
	·
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	
Toolkit, trainings, and technical assistance to implement and disseminate a community policing response to gangs.	
Altach supporting documents as specified in agency instructions.	
Add:Attachments Delete Attachments View Attachments	
The state of the s	

JUL-02-07 12:53 From:NCCD OAKLAND	15102080511	T-263 P.04/05 Job-923
en de la companya de La companya de la companya del companya de la companya del companya de la c		OMB Number: 4040-0004 Expiration Date: 01/31/2009
Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
a. Applicant CA-009	* b. Program/Project [U	S-AII
Attach an additional list of Program/Project Congressional Districts if needed.		,
Add Attachment		
17. Proposed Project:		
* a. Start Date:   09/01/2007	b. End Date: 0	2/28/2009
18. Estimated Funding (\$):		
*a. Federal 250,000.00		
* b. Applicant 0.00		
* c. State 0.00		
* d. Local 0.00		
* e. Other 0,00		
f. Program income 0.00	.: .	
*g, TOTAL 250,000.00	:	
*19. Is Application Subject to Review By State Under Executive Order 12372 F  (2) a. This application was made available to the State under the Executive Order 12	,	07/02/2007
b. Program is subject to E.O. 12372 but has not been selected by the State for re-	view	
C. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide exp	lanation.)	
Yes V No	•	
21. *By signing this application, I certify (1) to the statements contained in the herein are true, complete and accurate to the best of my knowledge. I also precomply with any resulting terms if I accept an award. I am aware that any false may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title of the content of the criminal of the content of the conte	ovide the regulred assurate, fletitious, or fraudulent	nces** and agree to
The list of certifications and assurances, or an internet site where you may obtain	this list, is contained in the a	prouncement or agency
specific instructions.		ouricanion of agains,
Authorized Representative:		
Prefix: First Name: Barry		
Middle Name:		<u> </u>
*Last Name: Krisberg	e s s s spanismo	· · · · · · · · · · · · · · · · · · ·
Suffix:	·	
• Title: President		
**Telephone Number:   \$102080500 x311   Fa	x Number: 5102080511	
* Email:  bkrisberg@aol.com		
* Signature of Authorized Representative: Completed by Grants.gov upon symmission.	Date Signed:   Completed by	Grants.gov upon submission.
Authorized for Local Reproduction	7/2/07	Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

Application for Federal Assis	tance SF-424	Version 02
1. Type of Submission:  Preapplication  Application  Changed/Corrected Application	• 2. Type of Application:	• If Revision, select appropriate letter(s):  • Other (Specify)
Date Received:  Completed by Grantz gov upon submission.	4. Applicant Identifler:	
5a, Federal Entity Identifier:		* 5b, Federal Award Identifier:
State Use Only:		
6. Date Received by State:	7. State Applicatio	on Identifier;
8. APPLICANT INFORMATION:		
* a, Legal Name: Los Angeles County	Sheriff's Department	
• b. Employer/Taxpayer Identification N	lumber (EIN/TIN):	* c. Organizational DUNS:
d. Address:		
Street1: 4700 Ramone Bo Street2: City: Monterey Park County: State: Province: Country: Zip / Postal Code: 91754		RECEIVED  JUL - 2 2007  CA: California  STATE CLEARING HOUSE  USA: UNITED STATES
e. Organizational Unit:  Department Name:		Division Name:
f. Name and contact information of	person to be contacted on	n matters involving this application:
Prefix:  Middle Name:  Last Name: Valdez  Suffix:	' First Nan	
Title:		
Organizational Affiliation:		
* Telephone Number: (323) 528-5705		Fax Number:
· Email: arvaldez@lasd.org		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
B: County Government	ا ا
Type of Applicant 2: Select Applicant Type:	٦ .
<u> </u>	i
Type of Applicant 3: Select Applicant Type:	:
• Other (specify):	'
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Title:	
Public Salety Partnership and Community Policing Grants	,
* 12. Funding Opportunity Number:	1
COPS-CPD-2007-10	
• Tille:	
Open/Other Topics	
<u> </u>	
13. Competition Identification Number:	ſ.
Title:	
i I	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
j i	
į į	
	-
* 15. Descriptive Title of Applicant's Project:	
Homeless Social Services Program	
Attach supporting documents as specified in agency instructions.	
Add Allachments   Delete Altachments   View Attachments	

Application for Federal Assistan	ce SF-424	Version 02		
16. Congressional Districts Of:		2.		
a. Applicant 24-37	* b. Program/Project 24-37			
Attach an additional list of Program/Project	Congressional Districts if needed.			
Cong. Districts.dec	Ade Attachment View Attachment			
17. Proposed Project:				
a. Start Date: 10/01/2007	* b. End Date: 03/31/2009			
18. Estimated Funding (\$):				
a. Federal	425,800.00			
⁻ b. Applicant	0.00			
* c. State	0.00			
d. Local	0.00			
• e. Other	0.00			
* f. Program Income	0.00			
g. TOTAL	425,800.00			
* 20. Is the Applicant Delinquent On An  Yes   V   No   Especial Points    21. *By signing this application, I certify herein are true, complete and accurate	to the State under the Executive Order 12372 Process for review on 07/02/2007  has not been selected by the State for review.  72.  y Federal Debt? (If "Yes", provide explanation.)  y anction  (1) to the statements contained in the list of certifications** and (2) that the statements to the best of my knowledge. I also provide the required assurances** and agree to cept an award. I am aware that any false, fictitious, or fraudulent statements or claims			
Section 1	ministrative penalties. (U.S. Code, Title 218, Section 1001)			
The list of realities to and resumment				
** The list of conflications and assurances, specific instructions.	or an Internet sile where you may obtain this list, is contained in the announcement or agency			
Authorized Representative:				
Prefix:	* First Name: Leroy	H. Parks		
Middle Name: D.				
Last Name: Baca				
Suffix:				
* Title: Sheriff, Los Angeles County				
* Telephone Number: (323) 526-5000	Fax Number:			
* Email: grants@lasd.org				
* Signature of Authorized Representative:	Completed by Grants.gov upon submission. Date Signed:   Completed by Grants.gov upon submission.			

PAGE 02

Application for Federal Assi	istance SF-424		Version 02
1. Type of Submission:	* 2. Type of Appl cation:	* If Revision, select appropriate letter(s):	
Preapplication	✓ New		
Application	Continuation	Other (Specify)	
Changed/Corrected Application	Revision		
* 3. Date Received;	4, Applicant Identifier:		
Completed by Grants.gov upon submidition.	hand me		
5a. Federal Entity identifier:		* 5b. Federal Award Identifier;	_
State Use Only:			
6. Date Received by State:	7. State Applica	ation Identifier:	
B. APPLICANT INFORMATION:			
a. Legal Name: P.E.A.C.E.		harter	
b. Employer/Taxpayer Identification	Number (EIN/TIN):	* c. Organizational DUNS:	
412241499		B00263175	
d. Address:			
• Street1: 94 E. 23rt Stre	eet		A section of the sect
Street2:			And a state of the
* City: Upland		RECE	IVED
County:			2.2007
• State:	19/75 4/4 [	CA: California	5-2001
Province:	Add to the total and the total	STATE CLEAR	ING HOUSE
* Country:		USA: UNITED STATES	Paradackine constitution in the constitution of the constitution o
~ Zip / Postal Code: 91784		and had	
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of	of person to be contacted	on matters involving this application:	
Prefix: Mr.	• First I	Name: Wainwright	
Middle Name: Sean			
* Last Name: Watkins			
Suffix:			
Title: National Coordinator		11 PAG 11 AB S BY 11/1/ LANGE	
Organizational Affiliation:			
P.E.A.C.E.	,	Pr. 1	
* Telephone Number: 8184343700	Spring (1987) de la	Fax Number:	
· Email; wainwatkins@peacemvp.r	net		

PAGE 03

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	4k3 477 = T
X: Other (specify)	
Type of Applicant 2: Select Applicant Type:	, Abjir
S: Hispanic-serving Institution	
Type of Applicant 3: Select Applicant Type:	·
Other (specify):	
Network of Musicians	
* 10. Name of Federal Agency:	
Community Oriented Policing Sérvices	
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Title:	
Public Safety Partnership and Community Policing Grants	
in grantes and a second	
* 12. Funding Opportunity Number:	
COPS-CPD-2007-07	
* Title:	***************************************
Violent Crime and Gangs	
13. Competition Identification Number:	
Title:	A logarity
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Nationwide	
* 15. Descriptive Title of Applicant's Project:	
Pro-Education Anti-Crime Music Videos (DVDs)	
Attach supporting documents als specified in agency instructions.	
Taguanachianan Departabahan Dinemakachiana	
randulaine, automaraumana pundung ulaman alamangan burungkan pundung kangangan.	

OFFICE DEPOT

PAGE 04

Application	for Federal Ass	sistance SF-424				Version 02
16. Congression	nal Districts Of					
* a. Applicant	CA-026			* b. Program/Project	C;A-026	
Attach an addition	onal list of Program/	Project Congressional	Districts if nee	eded.		
	_, = 1	Ado Arison		s Amagismani lahgar Artististasist.		
17, Proposed F	roject:	<u> </u>				
• e. Slart Date:	01/01/2008			* b. End Date:	12/31/2012	
18. Estimated F	unding (\$):					
* a. Federal		15,000	,000.00	<del></del>		
• b. Applicant			0.00			
▼ c. State			0.00			
* d. Local		and a Physical	0.00			
* e. Other			0.00			
f. Program Inc	come		0.00			
⁵ g, TOTAL		15,000	,000.00			
c. Program i  20. Is the App  Yes  21, "By signing herein are true comply with a may subject m  "" I AGREE	not covered by E.  plicant Delinquent  No  this application, it is application, it is application, it is application, it is a point of the property of the pro	On Any Federal Detection  Certify (1) to the stall curate to the best of if I accept an award, or administrative positions.	t? (If "Yes", p tements conta f my knowled i. I am aware enalties. (U.S		surances** and agree to lent statements or claims	
Authorized Re		,	·			
Prefix:	Mr.		* First Name:	Walnwright		
Middle Name:	Sean					
* Last Name:	Watkins					
Sufflx:						- 441 (Mail Inc.)
• Title: Nation	al Coordinator			and the second s		
* Telephone Nu	mber; 8184343700			Fax Number:		
* Email: wainwatkins@peacemvp.net						
* Signature of A	uthorized Represen	tative: Completed by G	ranta.gov upon au	omission. Date Signed: Complain	d by Grents.gov upon submission.	

Application for Federal Assis	tance SF-424		Version 02	
* 1 Type of Submission: Preapplication	* 2. Type of Application:	* If Revision, select appropriate letter(s):		
✓ Application	Continuation	* Other (Specify)		
Changer/Corrected Application	Revision			
* 3. Date Received:	4. Applicant Identifier:			
Completed by Grantz.gov upon submission				
50. Foderal Entity Identifier:		* Sh. Federal Award Identifier:		
			BECENED	
State Use Only:			Man County Some	
6. Dute Received by State:	7, State Application	n Monther:	JUL - 2 2007	
9. APPLICANT INFORMATION:			OTATE OF EARING HOUSE	
	Resource Center, Inc.		STATE CLEANING FIGURE	
* b, Employer/Taxpayor identification N	umber (ĆIN/TIN):	* c. Organizational DUNS:		
13-4170074		087851320		
d. Address:				
* Street1: 520 S. Grand Ave	enue, Suito 1070	( )		
Stred2:				
* City: Los Angeles		i		
County:				
* State: CA: California .				
Province:				
* Country: USA: UNIYED STATES				
* Zip / Postal Code:   90071				
e. Organizational Unit:		(ic		
Department Name:	_*	Division Name:		
f. Name and contact information of	person to be contacted on	matters involving this application:		
Prefix:	* First Nan	ne: Murrick		
Middle Name: ,J.			***************************************	
*Last Name: Bobb				
Suffix:	<i>i</i>			
Title: President/Executive Director				
Organizational Affillation:				
* Telephone Number:   213-623-5757   Fax Number:   213-623-5959				
* Email:			1.00.00.11	

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
N: Nonprofit without 50103 IRS Status (Other than Institution of Higher Education)	,
Type of Applicant 2: Select Applicant Type:	<u>-</u> .
Type of Applicant 3: Select Applicant Type:	!
Other (apocify):	
10. Name of Federal Agency:	- Charles - Char
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Title:	
Public Safety Partnership and Community Policing Crants	i
s . In the later than the same times are also the later than the l	i
12. Funding Opportunity Number:	
ICOPS-CPD-2007-06	
* Title:	
Ethics and Integrity	<u> </u>
i ·	,
13. Competition Identification Number:	
	1
Title:	į.
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	}
The state of the s	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
National	ı
	<u> </u>
the time of the control of the contr	
* 15. Descriptive Title of Applicant's Project:	
Under Pressure: A Study of Community Factors that Affect Willingness to Geoperate with Police	,
Attach supporting documents as specified in agency instructions.	
Add Attachments   Delete Attachments   Niew Attachments	1

Application for Federal Assistance SF-424	Version 02
16. Congressional Districts Of:	
a. Applicant CA29th	* b. Program/Project US-all
Attach an additional list of Program/Project Congressional Districts if needed.	
Add Attachment :	
17. Proposed Project:	
' a. Start Date: 09/01/2007	h. End Date: 03/31/2009
18. Estimated Funding (\$):	
a. Federal 102,610.00	
b. Applicant	
n. State 0.00	
• d. Local 0.00	
a. Other	į
1. Program Income 0.00	
102,616.00	
* 19. Is Application Subject to Review By State Under Executive Order 1	2372 Process?
$oldsymbol{arphi}$ a. This application was made available to the State under the Executive Or	der 12372 Pracess for review on   07/02/2007   .
b. Program is subject to E.O. 12372 but has not been selected by the State	for review.
c. Program is not covered by E.Q. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Dobt? (If "Yes", provid	le explanation.)
Yes 🖟 No	
21. *By signing this application, I certify (1) to the statements contained herein are true, complete and accurate to the best of my knowledge, ( a comply with any resulting terms if I accept an award, I am aware that a may subject me to criminal, civil, or administrative penalties. (U.S. Cod	ilso provide the required assurances** and agree to ny false, fictitious, or fraudulent statements or claims
· · · I AGREE	
** The list of certifications and assurances, or an internet site where you may of apecific instructions.	obtain this list, is contained in the announcement or agency
Authorized Representative:	
Prefix: Mr. i First Name: Merri	ck
Middle Name: Jd.	
Lest Name:  Both	- 1
Suffix:	
* Title: President/Executive Director	
* Telephone Number:  213-797-1102	Fax Number: 213-797-5059
Email: merrickbobb@jparc.info	
* Signature of Authorized Representative:   Cumpleted by Gunta.gov upon submission	Date Signed: Completed by Crants.gov upon submission.

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Application for Federal Assis	tance SF-424		Version 02
1. Type of Submission: Proapplication Application Changed/Corrected Application 3. Date Received: Cumpleted by Grants.gov upon submission.	☑ New	If Revision, select appropriate letter(s):  Other (Specify)	
5a. Federal Entity Identifier:		• 5b. Federal Award Iduntifier:	
State Use Only:		L	And the second s
6. Date Received by State:	7, State Application	Identifier:	RECEIVED
8. APPLICANT INFORMATION:	- '		JUL - 2 2007
a. Logol Name: Police Assessment	Resource Center, Inc.		STATE CLEADING
* b. Employer/Taxpayor Identification N 13-4178074	umber (EIN/TIN):	• c. Organizational DUNS:	OF FARING HOUSE
d. Address:		,	
Street1: 520 S. Grand Ave Street2: Los Angeles County: State: Province: Country: Zip / Postal Code: 90071  e. Organizational Unit: Department Name:		CA: California SA: UNITED STATES  Division Name:	
f. Name and contact information of	person to be contacted on m	natters involving this application:	
Prefix: Middle Name: J. *Last Name: (Bubb) Suffix:	* First Name	Merrick	· · · · · · · · · · · · · · · · · · ·
Title: President/Executive Director Organizational Affiliation:			<u> </u>
* Telephone Number: 213-623 5757	ateria, and an area	Fax Number: 213-623-59	999
* Email: merrlckbobb@parc.inlo	y ************************************		

Application for Federal Assistance SF-424 Version	02
9. Type of Applicant 1: Select Applicant Type:	
N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
and the second s	
Type of Applicant 3: Solect Applicant Type:	
and the second of the second o	
* Other (apecify);	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
(16,710	
CFDA Title:	
Public Safety Partnership and Community Policing Grants	
To the outerly Familiary Familiary Familiary Familiary	
12. Funding Opportunity Number:	
COPS-CPD-2007-06	
* Title:	
Ethios and Integrity	
13. Competition Identification Number:	
Title:	
Things	
14. Areas Affected by Project (Citles, Countles, States, etc.):	
Netional	
15. Descriptive Title of Applicant's Project:	
Police Transparency: The Effects of Public Access to Police Disciplinary Records	
Attach supporting documents as specified in agency instructions.	
Add Attachments   Delete Attachments   View Attachments	
The state of the s	

Application for Federal Assistance SF-424	Version 02
16. Congressional Districts Of:	
* a. Applicant (CA29th * b. Program/Project	t US-all
Attach an additional list of Program/Project Congressional Districts if needed.	
Add Attachment	
17. Proposed Project:	
* b. End Date: 09/01/2007 * b. End Date	e: (03/31/2009
18. Estimated Funding (\$):	
* n. Federal 85,062,00	
* b Applicant 0.00	
c. State	
o. Local 0.00	
' e. Olher 0.00	
t. Program Incume ( 0.00	
9. TOTAL 85,082.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?    A. This application was made available to the State under the Executive Order 12372 Process for review.    U. Program is subject to E.O. 12372 but has not been selected by the State for review.    C. Program is not covered by E.O. 12372.	ian [07/02/2007 ] .
1 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)	
Yes	
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" herein are true, complete and accurate to the best of my knowledge. I also provide the required as comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraud may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  If I AGREE  The list of certifications and assurances, or an internet site where you may obtain this list, is contained in specific instructions.	os eannanues or claims trainnatata trainnatata trainnata or claims
Authorized Representative:	
Profix: Mr. First Name: Merrick  Middle Name: J.  * Last Name: Bobb  Suffix:	
• Tillo: President/Executive Director	
* Telephone Number: -213-623-5757 Fax Number: 213-213-5	959
Fmall; merrickbobn@purc.info	
* Signature of Authorized Representative:   Completed by Grants gov upon summaston.   * Date Signed: Completed	ted by Grants gov upon submission.

Application for Federal Assis	stance SF-424		Version 02
1 Type of Submission:  Preapplication  ✓ Application Changed/Corrected Application	* 2. Type of Application:  Now Continuation Revision	* If Revision, solect appropriate letter(s): * Other (Specify)	
* 3. Date Received: Completed by Grants.guv upon submission.	4. Applicant Identifier:		JUL - 2 2007
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	STATE CLEARING HOUSE
State Use Only:			
6 Date Received by State:	7. State Application	n Identifier:	
8. APPLICANT INFORMATION:	-		
* a. Legal Name: Police Assessment	Resource Center, Inc.		
* b. Employer/Taxpayer Identification N	Number (EIN/TIN):	° c. Organizational DUNS:	
d. Address:		,	
* Street1: 520 S. Grand Av Street2:   Los Angeles County:   State: Province:   Country * Zlp / Postal Code; 90074	enue, Suite 1070	CA: California	
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of	nerson to be contacted on	matters involving this application:	
Prefix: Middle Name: J.  * Last Name: Bobb Suffix: Title: President/Executive Director Organizational Affiliation:	* First Nam		
* Telephone Number: 213-G23-5757		Fax Number; 213-623-5959	
^ Email: merrickbobb@parc.info	antimate promoting transfer		:

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
N: Numprofit without 50103 IRS Status (Other than Institution of Higher Education)	· 1
Type of Applicant 2: Select Applicant Type:	•
Type of Applicant 3: Select Applicant Type:	* # .
·	
Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Isle:	
Public Safety Partnership and Community Policing Crants	". !
<u> </u>	
* 12. Funding Opportunity Number:	
COPS-CPD-2007-06	
* Tille:	
Ethics and Integrity	1
I .	İ
13. Competition Identification Number:	1
The Competition (Committee)	
Title:	
1100.	i
	i
	!
14. Areas Affected by Project (Cities, Counties, States, etc.):	
National	1
i	İ
	I
4.5 December 2015 (Academic Constitution of the Constitution of th	ř
* 15. Descriptive Title of Applicant's Project:	f
Not Every Problem is a Nail: SWAT Tuckes and the Mentally III	
the state of the s	
Attach supporting documents as specified in agency instructions.	
Add Allachments Delete Attachments View Allachments	

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02		
16. Congressional Districts Of:			
a. Applicant CA29th	b. Program/Project US-off		
Attach an additional list of Program/Project Congressional Districts i	Гпоефей.		
Add Attachment			
17. Proposed Project:			
* a. Start Date:   09/01/2007	* b. End Date: 03/31/2009		
18. Estimated Funding (\$):			
* a. Foderal 99,615.00			
* b. Applicant 0.00			
c. State 0.00			
* d. Local 0.00			
* e. Other 0.00			
* f. Program Income 0.00			
g. TOTAL 99,615.00			
<ul> <li>a. This application was made available to the State under the Exc.</li> <li>b. Program is subject to E.O. 12372 but has not been selected by</li> <li>c. Program is not covered by E.O. 12372.</li> </ul>	·		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes Yes ☑ No	s", provide explanation.)		
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulant statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 219, Section 1001)  Jim I AGREE  The list of confilcations and assurances, or an internet site where you may obtain this list, is contained in the aphographic or agency specific instructions.			
Authorized Representative:			
Prefix: Mr. * First Nam	ne: Merrick		
Middle Name: J.	··············		
* Last Name:   Bohb			
Sullix:			
* Title:   President/Executive Director			
* Telephone Number: 213 797-1102	Fax Number: 213-797-5959		
* Email: merrickbobb@parc.info			
* Signature of Authorized Representative:   Completed by Gronts.gov upon submission.   * Date Signad:   Completed by Grants.gov upon submission.			

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

PARC

Application for Federal Assis	stance SF-424		Version 02	
* 1. Type of Submission:	* 2. Type of Application:	*If Revision, select appropriate letter	(5):	
Preapplication	✓ New			
✓ Application	Continuation	* Olhor (Specify)	£	
Changed/Corrected Application	Revision			
* 3. Date Received:	4. Applicant Identifier:			
Completed by Grants gov Upon Submission.			_	
bo. Federal Entity Identifier: *5b. Federal Award Identifier:				
Stato Use Only:			T-FOEN/FD	
6. Date Received by State:	7. State Application	on Identitier:	REGERMENT	
8. APPLICANT INFORMATION:			JUL - 2 2007	
· a. Legal Name:   Police Assessment	Resource Center, Inc.		STATE GLEARING HOUSE	
b. Employer/Taxpayer Identification N	lumber (EIN/I IN):	* c. Organizational DUNS;	Comments of the Comments of th	
13-4178074		087851320		
d. Address:				
Streot1:  520 S. Grand Ave	enue, Suite 1070			
Street2:				
* City: Los Angeles				
County:				
* State:		GA: California		
Province:				
* Country:		USA: UNITED STATES		
7ip / Postal Code: 90071	·····			
e. Organizational Unit:				
Department Namo:		Division Name:		
f. Name and contact information of	person to be contacted on	matters involving this application	on:	
Prefix:	* First Na	ne: Merrick		
Middle Name: .J.				
*Lost Name: 'Bobb				
Suffix:	!			
Title: President/Executive Director				
Organizational Affiliation:				
·				
* Telephone Numbar: 213-623-5757		Fax Number: 213-6	523-5959	
* Email: .merrickbobb@parc.info				

Application for Federal Assistance SF-424	rsion 02
9. Type of Applicant 1: Select Applicant Type:	
N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
The state of the s	
Type of Applicant 3: Soloct Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	-
Community Onerled Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16 710	
CFDA Tille:	
Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number:	
COPS-CPD-2007-06	
* Tide:	
Ethics and Integrity	
13. Competition Identification Number:	
Title:	
·	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Netional	
	_
* 15. Descriptive Title of Applicant's Project:	
A Problem Comes Knocking: A Study of Warrant Applications and Service	
Attach supporting documents as specified in agency instructions.	ĺ
Add Attachments   Delete Attachments   View Attachments	

Application for Federal Assistance SF-424	Version 02
16. Congressional Districts Of:	
to Applicant CA29th	b. Program/Project US-all
Attach an additional list of Program/Project Congressional Distric	is if needed.
Add Attachment	
17. Proposed Project:	
* n. Stort Date: (09/01/2007	* b. End Date: 03/31/2009
18. Estimated Funding (\$):	
*a. Foderal 99,615.00	
b. Applicant 0.00	
* c. State 0.00	
d. Local 0.00	
* c. Other 0.00	
1. Program Income 0.00	
* 0. TOTAL 99,615.00	
heroin are true, complete and accurate to the bost of my kn comply with any resulting terms if I accept an award. I am a may subject me to orbinial, civil, or administrative ponaltie 	Yes", provide explanation.)  s contained in the list of certifications** and (2) that the statements owledge. I also provide the required assurances** and agree to laware that any falso, fictitious, or fraudulent statements or claims
Authorized Representative:	
Profix: Mr. *First Middle Name: J. *Last Name: !Bubb Suffix:	lame: Merrick
* Telephone Number: 213-823-5757	Fax Number: 213-210-5959
`Cmail: imerrickbobb@parc.info	
Signature of Authorized Representative: Completed by Grants.gov	upon submission. Date Signed: Completed by Grants: Inv upon submission.

Application for	Federal Assis	tance	SF-424				Versio	n 02
* 1. Type of Submiss	sion:	* 2. Typ	e of Application:	* If Revision	n, select appropria	te letter(s):		
Preapplication		✓ New	•					
Application		Con	tinuation	* Other (Sp	ecify)			9
Changed/Correcte	ed Application	Revi	sion				RECFIVED	
* 3. Date Received:		4. Appli	cant Identifier:			*****	The state of the s	
Completed by Grants.gov	upon submission.						JUL - 3 2007	
5a. Federal Entity Ide	entifier:			* 5b. Fe	deral Award Iden	tifier:	STATE CLEARING HOUSE	
							The special section of the section o	
State Use Only:	_							
6. Date Received by	State:		7. State Application	on Identifier:				
8. APPLICANT INFO	RMATION:							
* a. Legal Name: Co	ounty of Los Angel	es Fire D	epartment					
* b. Employer/Taxpay	er Identification Nu	ımber (E	N/TIN):	* c. Org	anizational DUNS	S:		
95-6000927				1855802	243			
d. Address:	<del>.</del>		-		<del></del>	_		
* Street1:	1320 North Easte	rn Avenu	e				-	
Street2:					W			
* City:	Los Angeles							
County:								
* State:					CA: California			
Province:								
* Country:				USA: UNITE	ED STATES			
* Zip / Postal Code:	90063-3294							
e. Organizational U	nit:							
Department Name:				Division	Name:			
LA County Fire Depar	rtment			Technic	al Service Division	1		
f. Name and contact	t information of p	oerson to	o be contacted on	matters in	volving this app	lication:		
Prefix:			* First Nar	ne: Edwar	d Broomfield			
Middle Name:								
* Last Name: Broom	mfield							
Suffix:								
Title: Battalion Chie	ef, Grants Section							
Organizational Affiliat	ion:							
* Telephone Number:	(323) 838-2288				Fax Number:	(323) 838-7408		
* Email: ebroomfi@	Dfire.lacounty.gov			- Addition				

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
B: County Government	
Type of Applicant 2: Select Applicant Type:	_
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Title:	
Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number:	
COPS-CPD-2007-03	
* Title:	
Homeland Security	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Counties and cities	
·	
* 15. Descriptive Title of Applicant's Project:	
Terrorism Liaison Officer Training Program	:
Attach supporting documents as specified in agency instructions.	
Add Attachments Delate Attachments View Attachments	

Application	for Federal Assist	ance SF-424		Version 02		
16. Congressio	nal Districts Of:					
* a. Applicant	CA-031		* b. Program/Project	CA-028		
Attach an additi	onal list of Program/Proj	ect Congressional Distric	cts if needed.			
The following Co	ongressional Districts re	pr Add Atlachment	Delete Attachment View Attachment			
17. Proposed P	Project:					
* a. Start Date:	01/01/2008		* b. End Date:	06/30/2010		
18. Estimated I	unding (\$):					
* a. Federal		500,000.00				
* b. Applicant		0.00				
* c. State		0.00				
* d. Local		0.00				
* e. Other		0.00				
* f. Program Inc	come	0.00	D			
* g. TOTAL		500,000.00				
a. This applid b. Program is c. Program is  * 20. Is the App	* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?  ✓ a. This application was made available to the State under the Executive Order 12372 Process for review on  □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.  □ c. Program is not covered by E.O. 12372.  * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)  □ Yes					
			aware that any false, fictitious, or frauduler es. (U.S. Code, Title 218, Section 1001)	nt statements or claims		
** The list of cer specific instructi		es, or an internet site wh	ere you may obtain this list, is contained in the	announcement or agency		
Authorized Rep	oresentative:					
Prefix:		* First N	Name: Edward			
Middle Name:						
* Last Name:	Broomfield					
Suffix:						
* Title: Battali	on Chief, Grants Section	1				
* Telephone Nur	nber: (323) 838-2288		Fax Number: (323) 838-740	08		
* Email: ebro	omfi@fire.lacounty.gov					
* Signature of Au	uthorized Representative	Completed by Grants.gov	upon submission. * Date Signed: Completed	by Grants.gov upon submission.		

Application	for Federal Assis	stance SF-424		Version 02
* 1. Type of Su  Preapplicati Application Changed/Co		* 2. Type of Application:  New Continuation Revision	* If Revision, select appropriate letter(s):  * Other (Specify)	
* 3. Date Recei		4. Applicant Identifier:		
Completed by Gra	nts.gov upon submission.	Center for Health Training		
5a. Federal En		-	* 5b. Federal Award Identifier: WH-MPP-07-01	
State Use Onl	y:			
6. Date Receiv	ed by State:	7. State Application	on Identifier:	
8. APPLICANT	INFORMATION:			
* a. Legal Nam	e: Center for Health Tra	aining	(8)	
* b. Employer/T	axpayer Identification N	umber (EIN/TIN):	* c. Organizational DUNS:	
d. Address:		and the second s		
* Street1: Street2: * City:	614 Grand Avenu Oakland	e, Suite 400		RECEIVED  JUL - 3 2007
County:  * State:  Province:			CA: California	STATE CLEARING HOUSE
* Country:  * Zip / Postal C	ode: 94610		USA: UNITED STATES	
e. Organizatio	nal Unit:			
Department Na	me:		Division Name:	
f. Name and co	ontact information of	person to be contacted on	matters involving this application:	
Prefix: Middle Name:  * Last Name: Suffix:	Ms. Blackburn	* First Nan	ne: Patricia	
Title: Executiv	ve Director			
Organizational A				
* Telephone Nu	mber: 510-835-3700		Fax Number: 510-625-9	307
* Email: blac	kburn@jba-cht.com			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	-
N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Office of Public Health and Science	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
* 12. Funding Opportunity Number:  WH-MPP-07-001	
* Title:	
2007 Intergenerational Approaches to HIV/AIDS Prevention Education with Women Across the Lifespan Pilot Program	
2007 Intergenerational Approaches to The Approac	
13. Competition Identification Number:	
WH-MPP-07-001-008085	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Alameda County, California	
	:
* 15. Descriptive Title of Applicant's Project:	
African American Women Across the Lifespan	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	for Federal Assistan	e SF-424	Version 02
16. Congression	onal Districts Of:	,	
* a. Applicant	CA-009	* b. Program/Project	CA-009
Attach an addit	ional list of Program/Project	Congressional Districts if needed.	
		Add Attachment	
17. Proposed I	Project:		
* a. Start Date:	09/01/2007	* b. End Date:	08/31/2008
18. Estimated	Funding (\$):		
* a. Federal	MATERIAL STATE OF THE STATE OF	300,000.00	
* b. Applicant		0.00	
* c. State	100 Married Ma	0.00	
* d. Local		0.00	
* e. Other		0.00	
* f. Program Inc	come	0.00	
* g. TOTAL		300,000.00	
21. *By signing herein are true comply with armay subject m	y this application, I certify to complete and accurate to resulting terms if I accurate to criminal, civil, or admittifications and assurances, ions.	Federal Debt? (If "Yes", provide explanation.)  1) to the statements contained in the list of certifications** as the best of my knowledge. I also provide the required assipt an award. I am aware that any false, fictitious, or fraudulinistrative penalties. (U.S. Code, Title 218, Section 1001)  The an internet site where you may obtain this list, is contained in the	urances** and agree to ent statements or claims
		* Givet Names   Detricing	
Prefix: Middle Name:	Ms.	* First Name: Patricia	
* Last Name:	Blackburn		
Suffix:			
* Title: Execu	tive Director		
* Telephone Nur	mber: 510-835-3700	Fax Number: 510-625-930	17
* Email: black	kburn@jba-cht.com		
* Signature of A	uthorized Representative:	completed by Gante gov upon submission. * Date Signed: Completer	d by Grants.gov upon submission.
Authorized for Lo	ocal Reproduction	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(A) Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Application for	Federal Assis	stance SF-424		Version 02
* 1. Type of Submiss  Preapplication  Application  Changed/Correct		* 2. Type of Application:     ✓ New     Continuation     Revision	* If Revision, select appropriate letter(s):  * Other (Specify)	
* 3. Date Received:	unon submission	4. Applicant Identifier:		
5a. Federal Entity Ide			* 5b. Federal Award Identifier:	RECEIVED
				JUL - 6 2007
State Use Only:  6. Date Received by	State:	7. State Application	on Identifier:	STATE CLEARING HOUSE
8. APPLICANT INFO	ORMATION:			
* a. Legal Name: N	ational School Sa	fety Center		
* b. Employer/Taxpa 770501247	yer Identification N	lumber (EIN/TIN):	* c. Organizational DUNS:	
d. Address:				
* Street1: Street2: * City:	141 Duesenberg Westlake Village			
County:  * State:  Province:			CA: California	
* Country:  * Zip / Postal Code:	91362		USA: UNITED STATES	
e. Organizational L	Jnit:			
Department Name:			Division Name:	
f. Name and contac	et information of	person to be contacted on	n matters involving this application:	
Prefix: Dr. Middle Name:	hens	* First Na		
Title:				And the second of the second o
Organizational Affilia	ition:			
* Telephone Number	: 805 373 9977		Fax Number: 805 373 9277	
* Email: ronaldste	phens@schoolsaf	ety.us		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Title:	
Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number:	
COPS-CPD-2007-08	
* Title:	
School and Campus Safety	
13. Competition Identification Number:	
To. Competition Identification Number.	
Title:	
Title.	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	
Bullying Prevention Through Problem Solving: A Resource Guide and Video for School-Based Partnerships	
· ·	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	for Federal Assistan	ce SF-424			Version 02
16. Congression	nal Districts Of:				
* a. Applicant	CA-034		* b. Pro	ogram/Project US-all	
Attach an additi	onal list of Program/Project	Congressional Districts if	needed.		
	***************************************	Add Attachment Deis	ere Allachment View All	lachment	
17. Proposed F	roject:				
* a. Start Date:	09/01/2007		3	* b. End Date: 08/31/2008	
18. Estimated	Funding (\$):				
* a. Federal		175,150.15			
* b. Applicant		0.00			
* c. State		0.00			
* d. Local	_	0.00			
* e. Other		0.00			
* f. Program Inc	ome	0.00			
* g. TOTAL		175,150.15			
c. Program i  * 20. Is the App  Yes  21. *By signing herein are true comply with a may subject m  * * I AGREE  ** The list of ce specific instruct	olicant Delinquent On Any No Exp I this application, I certify I, complete and accurate In resulting terms if I acce to criminal, civil, or admentifications and assurances, I this application is a complete and accurate In resulting terms if I acce The to criminal is a complete and assurances, I consider the complete and I consider the complete and I consider the complete and I consider the complete and I consider the complete and I consider the complete and I consider the consideration and I considerate and I consi	(1) to the statements conto the best of my knowle ept an award. I am award inistrative penalties. (U.	provide explanation.)  tained in the list of certidge. I also provide the ethat any false, fictitions. Code, Title 218, Sect	tifications** and (2) that the statements e required assurances** and agree to ous, or fraudulent statements or claims tion 1001)	
Authorized Re	oresentative:				
Prefix:	Dr.	* First Name:	Ronald		
Middle Name:					
* Last Name:	Stephens	٦			
Suffix:					
* Title: Execu	tive Director				-
* Telephone Nu	nber: 805 373 9977		Fax Number	805 373 9277	
* Email: rona	dstephens@schoolsafety.u	IS			
* Signature of A	uthorized Representative:	Completed by Grants.gov upon s	ubmission. * Date Sign	ned: Completed by Grants.gov upon submission.	

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED	07/09/2007	Applicant Ident	lifler	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Application	on Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifi	ier	
Non-Construction		N/A: New				
5. APPLICANT INFORMATION	Non-Construction					
Legal Name:	<del></del>		Organizational Unit:			
	Montebello			tment of Transp	ortation	
Organizational DUNS: 666773	86 DE	CEIVED	Division: N/A		'	
Address:					son to be contacted on matters	
Street: 400 South Taylor Ave		9 2007	involving this applic		a code)	
400 GOURT Taylor Ave	· )(	JL 9 2007	Prefix: N/A	First Name:	liriam	
City:			Middle Name			
Montebello County:	- STATE	CLEARING HOUSE	N/A Last Name			
Los Angeles			Quiro	s		
State: California	Zip Code 90640		Suffix: N/A			
Country: USA			Email:	ros@cityofmont	ehello com	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)	
95-6000746			(323) 887-4625		(323) 887-4643	
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	ANT: (See back	of form for Application Types)	
₽ New		n 🔲 Revision		C. Munic	inal	
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es)		(C4h a z (a z a z i6 )	O. Manie	nper	
Gee back of forth for description	or letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDER	AL AGENCY: erai Transportat	ion Administration	
10. CATALOG OF FEDERAL E	OMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE TI			
1			The Clean Air Bus Re	eplacement proje	ect will replace 39 buses that have	
TITLE (Name of Program):		20-500	exceeded their useful life (12 yrs or older) as defined by the FTA, in			
Department of Transportation: F			addition to 1 expansion bus making the total bus purchase of 40. The new Hybrid Gas Electric buses will enhance our current service by			
12. AREAS AFFECTED BY PR	• •	• •	providing our patrons	with more reliab	ole and environmental friendly	
Montebello as well as 12 other r	eighboring communities	in the eastern LA area	buses.			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS		
Start Date: May. 01, 2008	Ending Date:	Dec. 31, 2009	a. Applicant   Montebello: 38 Grace	F Navolitano	b. Project	
15. ESTIMATED FUNDING:		560. 01, 2000			REVIEW BY STATE EXECUTIVE	
			ORDER 12372 PROC	ESS?		
a. Federal \$		971,779 · · · · · · · · · · · · · · · · · ·			APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		00		S FOR REVIEW		
c. State \$		0 0		7/09/2:007	,	
d. Local \$		0 00	b. No. 🖺 PROGRA	M IS NOT COV	ERED BY E. O. 12372	
e. Other \$		110,316	J	GRAM HAS NOT	F BEEN SELECTED BY STATE	
f. Program Income \$		0,	FOR RE\	<u>/IEW</u>	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		0,				
g. TOTAL S		1,082,095	Yes If "Yes" attach	an explanation	. 🛂 No	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	, ALL DATA IN THIS APP	LICATION/PREAPPLI	CATION ARE T	RUE AND CORRECT. THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE THE ASSISTANCE IS A	GOVERNING BODY OF 1 WARDED.	HE APPLICANT AND	THE APPLICAL	NT WILL COMPLY WITH THE	
a. Authorized Representative Prefix	First Name		Middle	Name		
N/A	Mirlam			N/A		
Last Name	Quiros		Suffix	N/A		
b. Title Management	Analyst			phone Number (	(give area code)	
d. Signature of Authorized Repre		1 / 1 1 1 1 1		3) 887-4625 Signed		
		ank XIII	07	Signed /09/2007		

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Application for	Federal Assis	tance	SF-424				V	ersion 02
* 1. Type of Submiss	sion:	* 2. Typ	e of Application:	* If I	Revision, select appropriate	e letter(s)	:	
Preapplication		✓ New	,					
Application		Con	Continuation * Other (Specify)					
Changed/Correcte	ed Application	Rev	ision					
* 3. Date Received:		4. Applicant Identifier:						
Completed by Grants.gov	upon submission.							
5a. Federal Entity Ide	entifier:			T*	5b. Federal Award Identi	fier:		
State Use Only:								
6. Date Received by	State:		7. State Applicatio	on Ide	entifier:			
8. APPLICANT INFO	ORMATION:							
* a. Legal Name: Co	ounty of Los Ange	les Fire C	Pepartment					
* b. Employer/Taxpay	er Identification N	umber (E	IN/TIN):	*	c. Organizational DUNS:	<del></del>		<u> </u>
95-6000927					185580243			
d. Address:								
* Street1:	1320 North Easte	rn Avenu	e					
Street2:			,	-			A DECEMBER OF THE PROPERTY OF	
* City:	Los Angeles						RECEIVED	
County:				_			i i	
* State:					CA: California		JUL 9 2007	
Province:	NEW 2012						STATE CLEARING HOUSE	
* Country:	-			USA	: UNITED STATES		THE CAME OF THE PROPERTY OF TH	
* Zip / Postal Code:	90063-3294							
e. Organizational ป	nit:							
Department Name:				С	Division Name:			
LA County Fire Depa	rtment			] [	Technical Service Division			
f. Name and contac	t information of	person t	o be contacted on	mat	ters involving this appli	ication:	The state of the s	
Prefix:	-		* First Nan	ne:	Edward Broomfield			
Middle Name:								
* Last Name: Broom	mfield				amand .			
Suffix:								
Title: Battalion Chie	ef, Grants Section							
Organizational Affiliat	tion:			-				
			A					
* Telephone Number:	(323) 838-2288				Fax Number:	(323) 83	38-7408	
* Email: ebroomfi@	fire.lacounty.gov							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
B: County Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Title:	
Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number:	
COPS-CPD-2007-03	
* Title:	
Homeland Security	
13. Competition Identification Number:	
Title:	
	*
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Counties and cities	
* 15. Descriptive Title of Applicant's Project:	
Terrorism Liaison Officer Training Program	
Tollow Elason Silicon Halling / Togram	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	for Federal Assistar	nce SF-424		Version 02		
16. Congressio	nal Districts Of:					
* a. Applicant	CA-031		* b. Program/Project	CA-028		
Attach an addition	onal list of Program/Project	t Congressional Districts if ne	eded.			
The following Co	ongressional Districts repr	And Attachment Delet	e Attachment View Attachment			
17. Proposed P	roject:					
* a. Start Date:	01/01/2008		* b. End Date:	06/30/2010		
18. Estimated F	-unding (\$):					
* a. Federal		500,000.00				
* b. Applicant		0.00				
* c. State		0.00				
* d. Local		0.00				
* e. Other		0.00				
* f. Program Inc	ome	0.00				
* g. TOTAL		500,000.00				
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?    a. This application was made available to the State under the Executive Order 12372 Process for review on    06/29/2007     b. Program is subject to E.O. 12372 but has not been selected by the State for review.   c. Program is not covered by E.O. 12372.  * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)   Yes						
Authorized Rep	nesentative.					
Prefix: Middle Name:		* First Name:	Edward			
* Last Name:	Broomfield					
Suffix:	biodifficial					
* Title: Battali	on Chief, Grants Section					
* Telephone Nun	mber: (323) 838-2288		Fax Number: (323) 838-74	08		
* Email: ebroo	omfi@fire.lacounty.gov	79 400 100 100 100 100 100 100 100 100 100				
* Signature of Au	uthorized Representative:	Completed by Grants.gov upon su	ubmission. * Date Signed: Completed	by Grants.gov upon submission.		

9498241465

PAGE 01/02

APPLICATION FOR FEDERAL ASSISTANCE		MITTED	Applicant Identifier	Applicant Identifier		
SF 424 (R&R)	3. DATE RECI	EIVED BY STATE	State Application Identi	fler		
1. TYPE OF SUBMISSION	4, Federal Ide	entifler				
Pre-application Application Changed/Corrected Application		R13525 (RENEWAL)				
5. APPLICANT INFORMATION		* Organizat	Ional DUNS: 046705849			
* Legal Name: The Regents of the University of Califor	nia			***************************************		
Department: Office of Research Admin.	Division:					
* Street1: 300 University Tower	Street2:					
• City: Irvine Cou	ınty; Orange		* State: CA: Californ			
Province: Tountry: JNITED ST - ZIP / Postal Code: 92697						
Person to be contacted on matters involving this applica	ation		<u> </u>			
Prefix: "First Name:	Middle Name:	*** ** ********************************	* Last Name:	Suffix:		
Mr. Christopher			Abernethy			
Рhoпe Number: 949-824-1749 F	ax Number: 949	9-824-2094	Email: cabernet@uci.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICA	ANT:			
95-2226406		H: Public	/State Controlled Institution of Highe	er Education		
8. " TYPE OF APPLICATION: New		Other (Specify):				
l <u></u> <u>.</u> <del>_</del> .	Revision	Women Owned	Small Business Organization Type  ([]] Socially and Econ	nomically Disadvantaged		
If Revision, mark appropriate box(es).		9. ^ NAME OF FEDERAL AGENCY:				
A. Increase Award	crease Duration	Chicago Service Center				
D. Decrease Duration     E. Other (specify).		10. CATALOG OF FED	ERAL DOMESTIC ASSISTANCE N	UMBER:		
Is this application being submitted to other agencies?	Yes No	81.049				
What other Agencies?		TITLE: Office of Scien	ce Financial Assistance Program			
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	T:					
Membrane Bloenergetics of Salt Tolerant Organisms	· · · · · · · · · · · · · · · · · · ·					
12, * AREAS AFFECTED BY PROJECT (cities, counties)	es, states, etc.)					
13. PROPOSED PROJECT:		14. CONGRESSIONAL	DISTRICTS OF:			
* Start Date * Ending Date		a. * Applicant	b. * Project			
06/01/2008 05/31/2011		CA-048	CA-048			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	R CONTACT INF	ORMATION	A Lord Nome:	0.46		
Dr. Janos	K ·		* Last Name;	Suffix:		
Position/Title: Professor	* Organizațio	on Name: The Regents	of the University of California			
Department: Office of Research Admin.	Division:					
* Street1: 300 University Tower	Street2:			I		
	unty; Orange		* State: CA; Cellfon			
		ED ST ZIP / Postal	professional and the control of the			
Land language.	X Number: 949	-824-8540 	* Email: jklanyi@uci.edu			

**RECEIVED** 

JUL 1 0 2007

STATE CLEARING HOUSE

OMB Number: 4040-0001 Expiration Date; 04/30/2008

ATTN: GRANTS GOOFFINATOR

Completed on submission to Grants.gov

21. Attach an additional list of Project Congressional Districts if needed.

20. Pre-application

Page 2 SF 424 (R&R) APPL ATION FOR FEDERAL ASSISTANCE 16. ESTIMATED PROJECT FUNDING 17. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 8. YES (7) THIS PREAPPLICATION/APPLICATION WAS MADE 682,883.00 a. \* Total Estimated Project Funding AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 682,883.00 b. \* Total Federal & Non-Federal Funda DATE: 07/10/2007 c. \* Estimated Program Income 0 00 PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR 18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓: • I agree \* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Suffix: Prefix: \* First Name; Middle Name: " Last Name: Christopher Abernethy \* Position/Title: Contract & Grant Officer \* Organization: The Regents of the University of California Department: Office of Research Admin. Division: " Street1: 300 University Tower Street2: \* City: :Irvine County: Orange \* State; CA: Califon " Country: |JNITED ST "ZIP / Postal Code: 92697 Province: \* Phone Number: 949-824-1749 Fax Number: 949-824-2094 \* Email: cabernet@ucl.edu \* Signature of Authorized Representative \* Date Signed

Delete Attachment | View Attachment

OMB Number: 4040-0001

View Attachment

Completed on submission to Grants.gov

Dalete Atlachment

Expiration Date: 04/30/2008

APPLICATION FOR		_			Version 7/0
FEDERAL ASSISTANC	E	2. DATE SUBMITTED		Applicant Ider CA-03-0775-0	
1. TYPE OF SU 3MISSION:	Pre-application	3. DATE RECEIVED BY 8-9-05	STATE	State Applicat	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	Non-Construction	8-9-05	·	1685	
5. APPLICANT INFORMATION Legal Name:	<u> </u>		Organizational Uni	r	
Gity of Redondo Beach			Department:		
Organizational EUNS:			Harbor, Business ar Division:		
Address:			Beach Cities Transi		erson to be contacted on matters
Street:			involving this appl		
415 Diamond Street	THE REPORT OF THE PARTY OF THE	CEIVED 1	Prefix:	First Name: Terisa	
City: Fedondo Beach	RE	CEIVED	Middle Name Lynn		
County; Los Angeles	\	INF I a som	Last Name Price	-	
State: CA	Zip Code 90277	TE CLEARING HOUS	Suffix:		
Country: United States	CTA	TE CLEARING	Email:		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN)	Market Market Control of the Control	Phone Number (give		Fax Number (give area code)
95-6000767	1 800		310-372-1171 ext 26		310-372-8021
8. TYPE OF APPLICATION:					k of form for Application Types)
₩. Ne		n 🏻 Revision	C - Municipal	•	,,
If Revision, enter appropriate let (See back of form for description		П	Other (specify)		
Oher (specify)			9. NAME OF FEDER		
10. CATALOG CF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:		<u> </u>	CANT'S PROJECT:
TITLE (Name of Frogram):	•	20-500			s of an intermodal transit terminal couth bay subregion of Los Angeles
TITLE (Name of Frogram): Federal Transit Capital Investm 12, AREAS AFFECTED BY PR	ent Grants	Plant do l			
Redondo Beach	COJECT (Cities, Counties	s, States, etc.):			
13, PROPOSED I'ROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
12/07 15 ESTIMATED ! UNDING:	12/09		36th Congressional		B6th Congressional District REVIEW BY STATE EXECUTIVE
			ORDER 12372 PRO	CESS?	
a. Federal \$		1,748,478	a. Yes. W. AVAILA	BLE TO THE ST	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant S		437,119	PROCE	SS FOR REVIEV	VON
c. State \$		. 00	DATE:	7-9-07	
d. Local \$		. 00	b. No. I PROGR	AM IS NOT COV	ÆRED BY E. O. 12372
e. Other \$					T BEEN SELECTED BY STATE
f. Frogram Income S		-00	17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		2,165,597	Yes If "Yes" attac	h an explanation	n. KZI No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY OF T</b>	LICATION/PREAPPL THE APPLICANT AND	CATION ARE TO THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative	THE A3513 TANCE IS A	WARDED.			
Prefix Ms	First Name Terisa		Middl Lynn	e Name	
Last Name Pride			Suffix		
Traper Manager	$\overline{}$			ephone Number	
S gnature of Authorized Repre	esentative	<del>-)</del>	é. Da	<u>372-1171 ext 26</u> te Signed	
evious Edition trainie	<del>-   ==</del>		7-08	07	Standard Form 424 (Rev.9-2003
Authorized for Local Reproduction		in the same of the			Prescribed by OMB Circular A-10

PPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier		
EDERAL ASSISTANC		July 3, 2007 3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier	
Abblication	Pre-application	4. DATE RECEIVED BY		ENCY Federal Identi	fier	
Construction	Construction	4, DATE RECEIVED 5.				
Non-Construction APPLICANT INFORMATIO	Non-Construction			of Halb:		
agal Name:		_	Organization Department:			
own of Mammoth Lakes			Division;	Public Works		
manizational DUNS: 44603339			1	lank one number of pe	erson to be contacted on matters	
ddress:			Name and te	s application (give are	a code)	
treet: CR 79, Box 209			Prefix:	First Name: William		
ity:			Middle Name			
lammoth Lakes			Last Name	***************************************		
dounty: Iono			Manning	W.		
iale: Callfornia	Zlp Code 93546					
country: ISA	<del></del>			ocl.mammoth-lakes.ca.	US	
EMPLOYER IDENTIFICAT	ION NUMBER (EIN):			er (give area code)	Fax Number (give area code)	
77-004306	7		760-934-381		760-934-3119	
. TYPE OF APPLICATION:		<b>-</b> · ·			k of form for Application Types)	
Revision, enter appropriate l	etter(s) in box(es)	ion Revision	D - Township			
see back of form for descripti	on of letters.)		Other (specify	<i>(</i> )		
Other (apecify)			8. NAME OF	FEDERAL AGENCY: tion Administration		
Change of Priority  O. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRI	TIVE TITLE OF APPL	ICANT'S PROJECT:	
U. DATALOG OF TEELION		20-106	Mammoth Y	osemile Alrport, Mamm ction of Runway 9-27	oth Lakes, Mono County, California	
TLE (Name of Program):  Irport Improvement Program  AREAS AFFECTED BY From the Management of Management Program  Town of Management Program  T	PROJECT (Cities, Counti	es, States, etc.):				
3. PROPOSED PROJECT				ESSIONAL DISTRICTS	b. Project	
itart Date: 007	Ending Date: 2008			th	4th	
5. ESTIMATED FUNDING:				ICATION SUBJECT TO 22 PROCESS?	REVIEW BY STATE EXECUTIVE	
. Federal	\$	8,113,000 `		THIS PREAPPLICATIO	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
. Applicant	\$	224,175		PROCESS FOR REVIE	344.534	
State	\$			DATE: July 6, 2007		
Local	\$	202,825	b. No. 🖽 '	PROGRAM IS NOT CO	VERED BY E. O. 12372	
. Other	\$			OR PROGRAM HAS N	OT BEEN SELECTED BY STATE	
Program Income	\$		17. IS THE	FOR REVIEW	ENT ON ANY FEDERAL DEBT?	
TOTAL	\$	, as			_	
			PLICATION/PR		ON. ON NO  TRUE AND CORRECT. THE  ANT WILL COMPLY WITH THE	
TACHED ASSURANCES						
. Authorized Representative refix	First Name William			Middle Name		
ast Name	william			B. Suffix		
Tive				c. Telephone Numbe	t (also area code)	
Irport Manager		<b>RECEIVE</b>		(760) 934-3813	(Blue suas code)	
Signature of Authorized Rej	oresentative	The second state of the second state of the second		e. Date Signed		
evious Edition Usable thorized for Local Reproduc	tlan	JUL 1 0 200	/		Standard Form 424 (Rev.9-200 Prescribed by OMB Circular A-10	
		STATE CLEARING H	OUSE			

<b>APPLICATION FOR</b>				OMB Approval No. 0348-00		
FEDERAL ASSISTANCE		2. DATE SUBMITTED July 3	, 2007	Applicant Identifier FY 2007 PL Overall Work Program		
1. TYPE OF SUBMISSION:  Application Construction Non-Construction	Preapplication Construction Non-Construction	DATE RECEIVED BY  4. DATE RECEIVED BY	E 151 6610	State Application Identifier 94-6001344-C Federal Identifier		
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:			
California Departmer		າ		ansportation Planning		
Address (give city, county, State, P.O. Box 942874, MS	S - 32		Name and telephone number of person to be contacted on matters involve this application (give area code) C. Garth Hopkins, Acting Chief			
Sacramento, CA 942		2000	7	gency Planning Transportation Planning. (916) 653-3362		
6. EMPLOYER IDENTIFICATION  9 4 - 6 0 0 1  8. TYPE OF APPLICATION:	3 4 7	Revision	A. State B. County C. Municipal	H. Independent School Dist.  I. State Controlled Institution of Higher Learning J. Private University		
If Revision, enter appropriate lett  A. Increase Award B. Dec		e Duration	D. Township E. Interstate F. Intermunicipal G. Special District	K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
,	,		9. NAME OF FEDERA	AL AGENCY:		
			DOT, Federal Highway Administration, Region IX			
TITLE: Transit Plant 12. AREAS AFFECTED BY PRO State of California	ning and Research  DJECT (Cities, Counties, Sta	2 0 — 5 1 5 ates, etc.):	\$1,059,625 in Pa	e Planning & Research Studies artnership Planning Grant Program A Regional Blueprint Planning Program		
13. PROPOSED PROJECT FY 2007/08 OWP Program	14. CONGRESSIONAL DIS		California Statewic	de		
Start Date   Ending Date   7/1/07   6/30/08	a. Applicant States	wide	b. Project Statewic	de Planning & Research Studies		
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS?		
a. Federal b. Applicant	\$ \$6	6,059,625	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372			
c. State	\$	.00	DATE	FOR REVIEW ON: 07/03/07		
d. Local	\$ \$1	1,514,906		AM IS NOT COVERED BY E. O. 12372		
e. Other \$ .00		OR PROC FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE (IEW			
f. Program Income	\$	.00	17 IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL \$ \$7,574,531		1 _	attach an explanation.			
	AUTHORIZED BY THE GO	VERNING BODY OF TH		TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE		
a. Type Name of Authorized Rep C. Garth Hopkins	resentative	b. Title Acting Chief, Office of Regional	& Interagency Planning	c. Telephone Number (916) 653-3362		
d. Signatur of Authorized Repre-	sentative	1	9 5	e. Date Signed July 3, 2007		

OMB Approval No. 0348-0043 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE July 3, 2007 FY 2007 PL Overall Work Program 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION: 94-6001344-C **Application** Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier **✓** Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Division of Transportation Planning California Department of Transportation RECEIVE Name and telephone number of person to be contacted on matters involving this application (give area code) C. Garth Hopkins, Acting Chief Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32 Office of Regional & Interagency Planning Transportation Planning. (916) 653-3362 Sacramento, CA 94274-0001 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) STATE CLEARING HOUSE State 9 | 4 | - | 6 | 0 | 0 | 1 | 3 | 4 | 7 Α H. Independent School Dist. 8. TYPE OF APPLICATION: County I. State Controlled Institution of Higher Learning B. C. Municipal J. Private University Revision **✓** Continuation ☐ New D. Township K. Indian Tribe L. Individual If Revision, enter appropriate letter(s) in box(es) E. Interstate M. Profit Organization F. Intermunicipal A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: DOT, Federal Highway Administration, Region IX 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 0 5 1 4 FY 2007/08 49 U.S.C., Chapter 53, Section 5303 Metropolitan Planning Program - \$12,177,822 TITLE: Transit Planning and Research FY 2007 49 U.S.C., Chapter 53, Section 5305 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State Planning & Research Program - \$2,390,046 State of California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: California Statewide FY 2007/08 OWP Program **Ending Date** b. Project Start Date a. Applicant 7/1/07 6/30/08 Statewide Statewide Transit Planning 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** a. Federal \$ \$14,567,868 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant \$ PROCESS FOR REVIEW ON: c. State \$ 07/03/07 DATE d. Local \$ \$1,887,422 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other FOR REVIEW 00 \$ f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ Yes If "Yes," attach an explanation. ✓ No \$16,455,290 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

b. Title

Acting Chief, Office of Regional & Interagency Planning

Previous Edition Usable Authorized for Local Reproduction

C. Garth Hopkins

a. Type Name of Authorized Representative

d. Signature of Authorized Representative

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

c. Telephone Number (916) 653-3362

e. Date Signed

July 3, 2007

APPLICATION FOR

FEDERAL ASSISTANCE		July 3, 2007		Applicant Identifier FY 2007 PL Overall Work Program		
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY	STATE	State Application Id		
☐ Construction  ✓ Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATION						
Legal Name: California Departme	ent of Transportation	<u></u> n	Organizational Unit: Division of Tra	ansportation F	Planning	
Address (give city, county, Stat	e, and zip code):				be contacted on matters involving	
P.O. Box 942874, M	IS - 32		this application (give a	<i>rea code)</i> C. Gart	h Hopkins, Acting Chief	
Sacramento, CA 94274-0001			Office of Regional & Interag	gency Planning Transportat	ion Planning. (916) 653-3362	
6. EMPLOYER IDENTIFICATION   9 4 - 6 0 0	ON NUMBER (EIN): 1 3 4 7		7. TYPE OF APPLICA	NT: (enter appropria  H. Independent Sch	Α	
8. TYPE OF APPLICATION:			B. County	75	nstitution of Higher Learning	
□Ne	w <b>V</b> Continuation	Revision	C. Municipal	J. Private University	/	
_			D. Township	K. Indian Tribe		
If Revision, enter appropriate le	etter(s) in box(es)		E. Interstate F. Intermunicipal	<ul><li>L. Individual</li><li>M. Profit Organizati</li></ul>	on	
A. Increase Award B. De	ecrease Award C. Increas	e Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration Othe	r(specify):					
			9. NAME OF FEDERA	AL AGENCY:		
			DOT, Federal Hig	ghway Administr	ation, Region IX	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	LE OF APPLICANT	r'S PROJECT:	
		2 0 — 2 0 5	FY 2007/08 Fede			
TITLE: MPO Highv	vav Planning		\$39,522,228 in F			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			1	R	ECEIVED	
State of California					UL 1 2 2007	
13. PROPOSED PROJECT FY 2007/08 OWP Program			California Statewic	le OTATE		
Start Date Ending Date	a. Applicant State	ida	b. Project	9	CLEARING HOUSE	
7/1/07 6/30/08  15. ESTIMATED FUNDING:	State	wide		ewide Metropolit		
15. ESTIMATED FUNDING.			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	00	OKDEK 1201211	.002001		
	\$3	9,522,228	a. YES. THIS PREA	PPLICATION/APPL	ICATION WAS MADE	
b. Applicant	\$	.00	2011/12/25 5/27/4/25/25/2011	TO THE STATE EXFOR REVIEW ON:	(ECUTIVE ORDER 12372	
c. State	\$	.00	DATE	07/03/07	_	
d. Local	\$ \$	5,120,523	b. No. PROGRA	M IS NOT COVERE	ED BY E. O. 12372	
e. Other	\$	.00	OR PROC FOR REV		EN SELECTED BY STATE	
f. Program Income	\$	.00	17. IS THE APPLICAT	NT DELINQUENT O	N ANY FEDERAL DEBT?	
g. TOTAL \$ \$44,642,751		Yes If "Yes,"	attach an explanatio	on. 🗸 No		
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	ION ARE TRUE AN	D CORRECT, THE	
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES IF			E APPLICANT AND TH	IE APPLICANT WIL	L COMPLY WITH THE	
a. Type Name of Authorized Re		b. Title		c. Telephone Numb		
C. Garth Hopkins d. Signature of Aythorized Repr		Acting Chief, Office of Regional 8	interagency Planning	(916) 653-3362 e. Date Signed		
CA	COUNTRIE			July 3, 2007	104/5	
Previous Edition Usable				Standard	Form 424 (Rev. 7-97)	

<b>APPLICATION FOR</b>				OME	B Approval No. 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED June 27	7, 2007	Applicant Identifier FY 2007 PL Overall	Work Program
1. TYPE OF SUBMISSION:  Application Construction Non-Construction 5. APPLICANT INFORMATION	Preapplication Construction Non-Construction	3. DATE RECEIVED BY 4. DATE RECEIVED BY		State Application Identifier 94-6001344-C Federal Identifier	
Legal Name: California Departmei		1	Control of the state of the sta	ansportation Planni	
Address (give city, county, State P.O. Box 942874, MS Sacramento, CA 942	R), and zip code): S - 32 174-0001	CEIVED UL 1 2 2007	this application (give a	number of person to be contained code) C. Garth Hoplogency Planning Transportation Planni	kins, Acting Chief
	v Continuation ter(s) in box(es)  crease Award C. Increase	CLEARING HOUSE	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	ANT: (enter appropriate letter H. Independent School Dis I. State Controlled Institutio J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	at.
D. Decrease Duration Other(specify):			9. NAME OF FEDER	AL AGENCY:	
-	<del>-</del>		DOT, Federal Hi	ghway Administration,	Region IX
TITLE: MPO Highway  12. AREAS AFFECTED BY PRO State of California	ay Planning	20-205	FY 2007/08 Fed	TLE OF APPLICANT'S PRO eral Planning Funds FHWA PL Funds (Estim	
13. PROPOSED PROJECT FY 2007 OWP Program	14. CONGRESSIONAL DIS		California Statewio	de	
Start Date   Ending Date   7/1/07   6/30/07	a. Applicant Statev	wide		tewide Metropolitan Pla	
15. ESTIMATED FUNDING:			ORDER 12372 PF	SUBJECT TO REVIEW BY	STATE EXECUTIVE
a. Federal b. Applicant c. State	\$ \$39 \$	0,522,228	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 06/27/07		
d. Local	\$	00	DATE		
\$5,120,523 e. Other		-	AM IS NOT COVERED BY E GRAM HAS NOT BEEN SEL /IFW		
f. Program Income	\$	.00			FEDERAL DERTA
g. TOTAL	\$ \$44	I,642,751		NT DELINQUENT ON ANY lattach an explanation.	FEDERAL DEBT?  ✓ No
18. TO THE BEST OF MY KNOWN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF TH			
a. Type Name of Authorized Rep C. Garth Hopkins	The second secon	b. Title Acting Chief, Office of Regional 8	& Interagency Planning	c. Telephone Number (916) 653-3362	
d. Signalure of Authorized Repre	esentative			e. Date Signed June 27, 2007	

<b>APPLICATION FOR</b>				OMB Approval No. 0348-00	
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED June 27	7, 2007	Applicant Identifier FY 2007 PL Overall Work Program	
1. TYPE OF SUBMISSION:  Application  Construction  Non-Construction	Preapplication Construction Non-Construction	DATE RECEIVED BY      DATE RECEIVED BY		State Application Identifier 94-6001344-C Federal Identifier	
Legal Name: California Departmer	at of Transportation		Organizational Unit:	ansportation Planning	
Address (give city, county, State,		I		number of person to be contacted on matters involv	
P.O. Box 942874, MS Sacramento, CA 942	S - 32	RECEIVED	this application (give a	gency Planning Transportation Planning. (916) 653-3362	
6. EMPLOYER IDENTIFICATION  9 4 - 6 0 0 1  8. TYPE OF APPLICATION:  New	3 4 7 STA	JUL 1 2 2007 TE CLEARING HOU Revision	A State SEB County C. Municipal D. Township	ANT: (enter appropriate letter in box)  A  H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe	
	er(s) in box(es)  rease Award C. Increase  specify):	Duration	E. Interstate F. Intermunicipal G. Special District	L. Individual M. Profit Organization N. Other (Specify)	
,			9. NAME OF FEDERA	AL AGENCY:	
			DOT, Federal Highway Administration, Region IX		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	
TITLE: Transit Planning and Research  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  State of California			FY 2007/08 49 U.S.C., Chapter 53, Section 5303 Metropolitan Planning Program - \$12,177,822 FY 2007 49 U.S.C., Chapter 53, Section 5305 State Planning & Research Program - \$2,390,046		
13. PROPOSED PROJECT FY 2007 OWP Program	14. CONGRESSIONAL DIS		California Statewio	10	
Start Date   Ending Date   7/1/07   6/30/07	a. Applicant Statev		b. Project	Statewide Transit Planning	
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. Federal b. Applicant	\$ \$14	4,567,868	AVAILABLE	APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:	
c. State	\$	.00	DATE	06/27/07	
d. Local	\$ \$1	1,887,422	b. No. PROGRA	AM IS NOT COVERED BY E. O. 12372	
e. Other	\$	.00	OR PROG FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE /IEW	
f. Program Income	\$	.00	17 IS THE ADDITION	NT DELINQUENT ON ANY EEDEDAL DERTS	
g. TOTAL \$ \$16,455,290		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  Yes If "Yes," attach an explanation.			
The state of the s	AUTHORIZED BY THE GO	VERNING BODY OF TH		TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Rep		b. Title		c. Telephone Number	
C. Garth Hopkins d. Signature of Authorized Repre-	sentativě	Acting Chief, Office of Regional &	& Interagency Planning	(916) 653-3362 e. Date Signed	
d. Signature of Adulturized Reple:	Jointally C			June 27, 2007	

<b>APPLICATION FOR</b>			OMB Approval No. 0348	3-004		
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED June 27	7, 2007	Applicant Identifier FY 2007 PL Overall Work Program		
1. TYPE OF SUBMISSION:  Application Construction Non-Construction	Preapplication Construction Non-Construction	3. DATE RECEIVED BY 4. DATE RECEIVED BY		State Application Identifier 94-6001344-C  Federal Identifier		
5. APPLICANT INFORMATION Legal Name:			Organizational Uni			
California Departmer  Address (give city, county, State,		l)		Transportation Planning ne number of person to be contacted on matters inv	volvir	
P.O. Box 942874, MS	200		this application (giv	re area code) C. Garth Hopkins, Acting Chie		
Sacramento, CA 942	74-0001	RECEIVE	Office of Regional & Inl	teragency Planning Transportation Planning. (916) 653-3362		
	3 4 7	JUL 1 2 2007  FATE CLEARING HO Revision  Duration	A. State		g	
,	,		9. NAME OF FEDE	ERAL AGENCY:		
			DOT, Federal Highway Administration, Region IX			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  2 0 - 5 1 5  TITLE: State Planning and Research Program  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  State of California			FY 2007/08 State Planning & Research Funds \$1,059,625 in Partnership Planning Grant Program \$5,000,000 in CA Regional Blueprint Planning Program			
13. PROPOSED PROJECT FY 2007 OWP Program	14. CONGRESSIONAL DIS		California State	wide		
Start Date Ending Date	a. Applicant Statev	vido	b. Project	wide Dienning & Decemb Chydica		
7/1/07 6/30/07 15. ESTIMATED FUNDING:	Statev			wide Planning & Research Studies On SUBJECT TO REVIEW BY STATE EXECUTIV	/E	
		00	ORDER 12372		-	
a. Federal	\$	,059,625	a YES THIS PE	REAPPLICATION/APPLICATION WAS MADE		
b. Applicant	\$	.00	AVAILAE	BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:		
c. State	\$	.00	DATE _	06/27/07		
d. Local	\$ \$1	,514,906 <sup>.00</sup>	b. No. PROG	BRAM IS NOT COVERED BY E. O. 12372		
e. Other	\$	.00		ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW		
f. Program Income	\$	.00	47 10 7115 4 551 14	ANT DELINOUENT ON ANY EFDERAL DEPT	_	
g. TOTAL \$ \$7,574,531			CANT DELINQUENT ON ANY FEDERAL DEBT? s," attach an explanation.			
THE COURT OF SHALL	AUTHORIZED BY THE GO	VERNING BODY OF TH		CATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE		
a. Type Name of Authorized Repr C. Garth Hopkins	e emi	b. Title Acting Chief, Office of Regional &	k Interagency Planning	c. Telephone Number (916) 653-3362	1000	
d. Signature of Authorized Repres	sentative			e. Date Signed June 27, 2007		
Description Filtrandia				Standard Form 424 (Pay 7.07)		

## REVISION

APPLICATION FOR		REVISIO	714	OMB Approval No. 0348-004		
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED 4/16/04		Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
Application	Preapplication	Section of the sectio		PROCESS AND AND AND AND AND AND AND AND AND AND		
▼ Construction     Non-Construction	Construction  Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-044		
5. APPLICANT INFORMATION						
Legal Name:			Organizational Unit:			
California Department of Veterar			Veterans Homes Divis			
Address (give city, county, State, 1227 "O" Street, Suite 314 Sacramento, CA 95814	and zip code):	an a Philippine and State		number of person to be contacted on matters involving real code. Robert M. Johnson Capital Outlay and Construction Division 916 653-0240		
	1 5 7	CEIVED  OUT 1 2 2007  IN Revision  OUT ARING HOUSE  Duration	A. State B. County C. Municipal	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
		oto =	Department of Veter			
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NO	JMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:		
Grants to States for Constru	ction Projects	6 4 - 0 0 5	Veterans Homes of	of California-Greater Los Angeles-Ventura Counties		
	L		,	.,		
TITLE: Acquisition of			_			
	os Angeles and Lancaster, ( ounty of Ventura					
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		, 25th CA Congressional District (Lancaster) I CA Congressional District (Ventura)		
Start Date Ending Date July, 2003 Dec., 2009	a. Applicant Doris Matsul, 5th CA Cong	rangianal District		30th CA Congressional District (West Los Angeles)		
July, 2003 Dec., 2009 15. ESTIMATED FUNDING:	Dona Matsur, Stir CA Cong	ressional District		SUBJECT TO REVIEW BY STATE EXECUTIVE		
13. ESTIMATES TOTISMO.			ORDER 12372 PR			
a, Federal	\$ 179,762,828.00	**	O (IDEI( IEO/E) I			
			a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE		
b. Applicant	\$		AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
c. State	\$ 96,795,369.00		DATE	4/19/04		
d. Local	\$		_	M IS NOT COVERED BY E. O. 12372		
e. Other	\$		☐ OR PROC FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE TIEW		
f. Program Income	\$		17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 276,558,197.00		Yes If "Yes," a	attach an explanation.		
	AUTHORIZED BY THE GO	VERNING BODY OF TH		ION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE		
a. Type Name of Authorized Rep Tom/Joh		b. Title Secre	etary	c. Telephone Number 916 651-2547		
d. Signature of Authorized Paper	sentitive Down	atom.	# 4 A A A A A A A A A A A A A A A A A A	e, Date Signed 3/8/07		
Previous Edition Usable Authorized for Local Reproduction	( )		Secretary	Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102		

FEDERAL ASSISTANC	E		2. DATE SUBMITTED	<u> </u>	Applicant Ide	entifier Version 7703
1. TYPE OF SUBMISSION: Application	Pre-applicati	٥n	3. DATE RECEIVED BY	STATE	State Applica	ation Identifier
Construction	Construct	ion	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Iden	tifier
Non-Construction	Non-Cons	truction				
5. APPLICANT INFORMATION Legal Name:	·	***************************************	to the first and the second second second second second second second second second second second second second	Organizational Unit	<u>:</u>	
City of Mendota		RE	CEIVED	Department:		
Organizational DUNS: 036785228	_	* 12.04	NA CONTRACTOR OF THE PARTY OF T	Division:		
Address:		الــــــــــــــــــــــــــــــــــــ	JL 1 2 2007	Name and telepho	ne number of p	erson to be contacted on matters
Street:				Involving this appl	ication (give are	
643 Quince Street		STATE	CLEARING HOUSE	Prefix: Mr.	First Name: Gabriel	
City: Mendota		A CONTRACTOR OF THE PARTY OF TH		Middle Name	•	_
County: Fresno				Last Name Gonzalez	4.4.4	
State: CA	Zip Code 93640			Suffix;	<u> </u>	
Country:	93040			Email:		
6. EMPLOYER IDENTIFICATION	N NIMBED /#	:IA/\-		ggonzalez@cl.meno		Fax Number (give area code)
9 4 - 6 0 0 0 3 6	•			559.655.3291	o erea code,	559.655.4064
B. TYPE OF APPLICATION:					ANT: (See back	k of form for Application Types)
If Revision, enter appropriate le (See back of form for description	iter(s) in box/es	ntinuatio )	n Revision	municipality Other (specify)		,
Other (specify)	,			9. NAME OF FEDER	RAL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC AS	CICTANO	E MIMOEO.	Economic Developm		ON CANT'S PROJECT:
TO, ONTALOG OF TEDERAL	DOMESTIC MS	SISTANO	E NUMBER.	III. DESCRIPTIVE I	ITLE OF APPLI	CANTS PROJECT:
TITLE (Name of Program): PWEDA Section 203; Planning			-			
12. AREAS AFFECTED BY PR		Carmina	11,302	Tri Cities infrestructi	um Master Plan	
Freeno County (Firebaugh, Me	= :		, 3(8(88, 8(C.).			
13. PROPOSED PROJECT				14. CONGRESSION	AL DISTRICTS	OE-
Start Date: 10.1.07	Ending Dat 10.01.10	<b>e</b> :		a. Applicant		b. Project
15. ESTIMATED FUNDING:	10.01.10	<u>-</u>		16. IS APPLICATION	20 ON SUBJECT TO	20 O REVIEW BY STATE EXECUTIVE
a. Federal				<b>ORDER 12372 PRO</b>	CESS?	
			288,000			ON/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant	<b>)</b>		110,000		SS FOR REVIE	
c. State	,			DATE:	7/10/2007	
d. Local			, 30	b. No. F PROGR	AM IS NOT CO	VERED BY E. O. 12372
e. Other					OGRAM HAS N	OT BEEN SELECTED BY STATE
f. Program Income				7 FOR RE		NT ON ANY FEDERAL DEBT?
g, TOTAL 5			00			
			370,000	Yes If "Yes" attu	ach an explanation	on.
ATTACHED ASSURANCES IF	' AUTHORIZED	BY THE	GOVERNING BODY OF	APPLICATION/PREAM THE APPLICANT AN	PPLICATION AF D THE APPLICA	RE TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative Prefix Mr.	First Name Gabriel			Middl	e Name	
Lest Name Gonzalez	Gabriel			Suffix		
Gonzalez b. Title			·			
City Manager, City of Mendota				559.6	lephone Number 55.32.91	' (give area code)
d. Sugnature of Authorized Red	esentatiye	_ (	DEAL		te Signed	10/2
Previous Edition Usable Authorized for Local Reproducti	00		S   REG			Standard Form 424 (Rev.9-2003)
. The work of the Food Meblogneti	uil		.1111. 1	1 2007		Prescribed by OMB Circular A-102
				I 7001		
			STATE CLEA	RING HOUSE		